PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/626960

CLAIMS AS FILED - PART I								SMALL ENTITY				RTHAN
TOTAL CLAIKS			· (Column	· (Column 1)		(Column 2)		TYPE .		OR 		EKTITY
TOTAL COAMIS								RATE	FEE	4	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ı	BASIC FE	395.00	OR	BASIC FEE	790.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•		ı	X\$ 25:		OR	×50 l=.	
INDEPENDENT CLAIMS			minus 3 =		•	·		X km²		OR	×40=	
MULTIPLE DEFENDENT CLAIM PI			RESENT					+150=		OR	+300=	
* (1	the difference	e in column 1 is	less than z	ero, enter	"0" in c	" in column 2		TOTAL		OR	TOTAL	
	·	LAIMS AS A	MENDED - PART II							OTHER THAN		
<u></u>		(Column 1) I CLAIMS	7	(Colum HiGHE				SMALL		OR ,	SMALL	ENTITY
AMENDIMENTA	12/22/09	REMAINING AFTER AMENDMENT		PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
	Total	. 34	Minus	- 4	5	=		X.55'=		OR	X\$.50=	
	Independent	NIATION OF M	Minus	EENDENT	CLAIM	= 2		X420 :		OR	X200=	1000
Promised Albeit and unique married to the control of the control o						لسياب است		+150=		OR	+ 366=	
							-	TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE	Daid
(Column 1) (Column 2) (Column 3)								DOM. FEE	·····	4 '	Non reg	
AMENDMENT 8	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME FAEVIO PAID F	IST ER USLY	PRESENT BOTAL		FATE,	ADDI- TIOKAL FEE		PATE	ADDI- TIONAL FEE
	Totei	•	Minus	£#		=	-	`x <i>15=</i>		OR	XS50=	
	Independent	*	Minus	Awa		=	i.	X 100=		OR	X200=	İ
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=	
							L	TOTAL DOIT, FEE			TOTAL ODIT. FEE	
_	THE RESIDENCE OF THE PERSON NAMED IN											
AMENDMENT C		CLAIMS FEMAINING AFTER : AMENDMENT		NUKE PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		FATE	TIONAL FEE
	Total .	*	Minus -	#4		= :		×25 =		OR	X\$ 5 0=	
	Independent	* · ·	Minus	. 444	•	=		×100 =		OR	X200:	
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OR	+300=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "7"									OP.	TOTAL DDIT, FEE	
***	if the "Highest Nur The "Highest Num	hiber Previously Paid ber Previously Paid	id For IN THI: I For (Total or	S SPACE Is Independen	less than 14) is the	n 3. enter *** highest rivert er		OIT. FEE L	ropriate box			.